



HORBURY URBAN DISTRICT

2



1970

annual report

Medical Officer of Health

GEOFFREY IRELAND, B.Sc., M.B., B.Ch., D.P.H.

Public Health Inspector

G. R. MILLINGTON, M.A.P.H.I., M.R.I.P.H.H., M.R.S.H.


HORBURY URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the Year 1970



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HORBURY URBAN DISTRICT COUNCIL

1970

Chairman of the Council

Councillor S. Cooper

Chairman of the Health Committee

Councillor J. F. Smith

Public Health Committee

Councillors:

A. Bowers

I. R. Britton

T. F. Herdson

E. Hutchinson

C. Littlejohn

A. Moulson

J. D. Pearman

R. Taylor, J.P.

Mrs R. Ward

HORBURY URBAN DISTRICT PUBLIC HEALTH STAFF

Medical Officer of Health and Divisional Medical Officer

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.

Deputy Medical Officer of Health and Senior Departmental Medical Officer

Barbara Briggs, M.B., Ch.B., D.P.H.

Public Health Inspector

G. R. Millington, M.A.P.H.I., M.R.I.P.H.H., M.R.S.H.

Public Health Inspector's Clerk

S. Blackburn

WEST RIDING COUNTY COUNCIL

(PREVENTIVE MEDICAL SERVICES: HEALTH DIVISION 13)

Departmental Medical Officers and School Medical Officer

Irene Hargreaves, M.B., Ch.B.

Doreen Anderson, M.B., Ch.B. (Part-time)

Ruth L. Skrine, M.B., Ch.B. (Part-time) Appointed 1.10.70

A. Green, M.B., Ch.B. (Sessional)

Divisional Nursing Officer

Miss A. Hibbard, S.R.N., S.C.M., H.V., Certificate, Q.N.

Health Visitors and School Nurses

Mrs A. Gillies, S.R.N., S.C.M. (Part 1), S.R.F.N., H.V. Certificate

Mrs M. Rhoades, S.R.N.

Senior Mental Welfare Officer

A. Emmerson

Mental Welfare Officers

H. H. Robinson, R.M.N., R.M.P.A., M.S.M.W.O.

R. D. Stephens, R.M.N.

J. R. Marshall, R.M.N.S.

Healey Croft Residential Hostel, West Ardsley

R. Tyson, S.R.N., R.M.N. (Warden)

Mrs M. Tyson, R.M.N.

R. B. Williamson

Mrs J. Williamson, S.E.N.

Lee Grange Residential Hostel, West Ardsley

D. H. Noble, R.M.N., R.G.N. (Warden)

M. Greenwood

Junior Training Centre, Ossett

Mrs S. M. Smailes, N.A.M.H. Diploma (Supervisor)

Mrs M. E. Norman

Mrs I. Ellis

Senior Training Centre, West Ardsley

Miss I. Beaumont, N.A.M.H., Diploma (Supervisor)

Mrs S. Arey, N.A.M.H., Diploma

Mrs S. M. Brooke

Mrs J. Hellam, N.A.M.H., Diploma

Mrs K. M. Poyner, S.E.N.

Mrs P. M. Walters (Appointed 19.10.70)

Mrs E. Wright

A. W. Read

P. Nichols (Appointed 6.7.70)

Midwife

Mrs L. M. J. Blezzard, S.R.N., S.C.M.

Home Nurses

Mrs E. G. I. Beaumont, S.R.N., S.C.M. (Part 1, Q.N.)

Mrs M. E. Scott, S.R.N., S.C.M., Q.N. (Relief Nurse)

Chiropodist

R. Dixon-Newell, M.Ch.S., S.R.Ch. (Part-time)

General Social Worker

Mrs S. Halstead, C.S.W.

Child Guidance Service

Dr K. N. Maxwell, M.B., Ch.B. Psychiatrist

J. B. Mannix, M.Ed., Psychologist

Mrs A. B. Castle, B.A., Psychologist

Home Help Organiser

Mrs R. S. Haines, M.I.H.H.O. (Appointed 8.6.70)

Speech Therapist

Mrs J. M. Shields, L.C.S.T. (Resigned 30.11.70)

Divisional Administrative Officer

A. Wright, D.M.A., D.P.A.

Clerical Staff

D. Leach (Senior Clerk)

Mrs J. Anderson (Resigned 13.9.70)

Mrs P. Baldwin

Mrs E. Brier (Appointed 5.12.70)

Mrs G. Burton*

Mrs L. Crofton*

Miss S. M. Davies (Appointed 7.9.70)

Mrs A. Doidge

Miss M. Dunnett (Resigned 1.3.70)

Miss K. Edmondson

Mrs H. Ferrari

Mrs K. Graham

Miss J. E. Hallas (Appointed 22.6.70)

Mrs M. Hill*

Mrs V. Lancaster*

Mrs K. Marlow

Mrs A. Renshaw (Resigned 31.3.70)

Miss J. Senior (Resigned 16.8.70)

P. M. Sheard

Mrs M. Wilford*

* Part-time

LEEDS REGIONAL HOSPITAL BOARD CONSULTANT STAFF

Ear, Nose and Throat Surgeon

T. B. Hutton, F.R.C.S.

Chest Physician

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

School Ophthalmologist

K. K. Prasher, M.B., B.S., D.O.

Paeditrician

C. S. Livingstone, M.B., B.S., M.R.C.P., D.P.H.

Orthopaedic Surgeon

Miss M. A. Pearson, F.R.C.S.

Divisional Health Office
Corporation Street
Morley

18th August, 1971

To the Chairman and Members of the Horbury Health Committee

Mr Chairman, Ladies and Gentlemen,

I have much pleasure in submitting my Annual Report for 1970.

From the vital statistics it will be seen that the birth rate has fallen again, there being 114 births in 1970 compared with 134 in the previous year. The death rate has risen slightly and six deaths occurred in the first year of life. As there were no stillbirths the perinatal deaths which include all stillbirths and deaths in the first week of life amounted to five compared with six in the previous year. Only one of these perinatal deaths occurred following domiciliary confinement, all the remainder being born in hospital, and in this one case post-mortem examination revealed severe congenital abnormalities. There were eleven illegitimate births compared with nine in 1969.

Heart disease caused 33 deaths – 23 of which were due specifically to coronary artery occlusion; cancer caused 22 deaths – five of which were due to cancer of the lung; cerebral haemorrhage and cerebral thrombosis 18 deaths and bronchitis, emphysema and pneumonia 16 deaths.

This year I have chosen the local authority child health services as the topic in the “What is —” series and I have outlined the services available to the child from birth through to school-leaving age.

In September 1970 a family planning clinic at Croft House, Ossett, administered and staffed by the West Riding County Council as distinct from the Family Planning Association came into existence and is now held weekly by appointment.

Vaccination against rubella (German measles) commenced during the year and by the end of December all children born between 1956/57, the priority group, who had consented had been vaccinated. Rubella is a mild disease in itself, the danger lies if the disease is contracted during the early months of pregnancy when the foetus, exposed to this virus, is at great risk of developing serious abnormalities, particularly deafness. Children born between 1958/59 were vaccinated early in 1971 and arrangements are being made to vaccinate all eleven-year-old children when they attain this age group.

Major changes were forecast in 1970 both locally as far as Health Division 13 was concerned and nationally in respect of the local authority health services. Locally, the administrative offices at Windsor House were required for central re-development and plans were made for the construction of new offices behind Morley Central Clinic – these were built in the early part of 1971 and occupied on 7th June.

Nationally saw preparations for the emergence of the Director of Social Service and his department – an amalgamation of the Children’s Department, Welfare Department and certain sectors of the Health Department. The sections of the Health Department concerned consisted of the Mental Health Service, the

Home Help Service and certain minor services such as the registration of nurseries and child-minders and arrangements for admission to convalescent homes. As far as this Division was concerned considerable development had been made in the field of mental health in that at the time of the hand-over in 1971 there were two training centres in existence and a replacement training centre and workshop under construction, a newly constructed special care unit, a hostel for subnormal adults supported by a house accepting three lodgers, and a hostel for post psychotic patients supported by a house let in four flatlets, together with three mental welfare officers. All passed to the new Social Services Department with the exception of the junior training centre and special care unit which transferred to the Education Department as a special school.

When one considers that the creation of the Social Services Departments within the existing structure of local government is for three years only and that these departments must undergo a major upheaval not only with the proposed local government reform, but in aligning themselves with the re-organised National Health Service, I reflect on a quotation which has been attributed to Gaius Petronius more than 1900 years ago and which was quoted at a recent Royal Society of Health Conference on this very topic of re-organisation –

“We trained hard – but it seemed that every time we were beginning to form up into teams, we would be re-organised. I was to learn later in life that we tend to meet any new situation by re-organising, and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization.”

At the time of writing this report we are little further forward as regards the future of the Public Health Service in spite of two Green Papers and a Consultative Document (which seems to have had a restricted circulation). Environmental health will stay with local government, but apparently split between the proposed counties and districts, and the question must arise as to whether it will remain an entity or become part of some larger department. What of the school health service? – little has been said as to its future and if there is a future where the responsibility for its administration will lay. The remainder of the Public Health Service as it exists today will merge with the hospital and general practitioner services to form a unified Health Service – considering little change is envisaged in the organisation of the general practitioner services and the proposed Regional Health Boards could be considered to be Regional Hospital Boards under another cloak, one must wonder and indeed continue to wonder until more detailed information about the unified Health Service is available, whether merging is in practice going to mean a submerging of the community health services beneath the other two partners of this unification.

In conclusion, Mr Chairman, I would like to record my appreciation of the co-operation and assistance which I have received during the year from Mr Millington, your Public Health Inspector, and also from the staff of the Divisional Office.

May I also take this opportunity of thanking you, Mr Chairman, and members of the Health Committee for your support during the year.

GEOFFREY IRELAND

Medical Officer of Health

STATISTICS

Area (in acres)	1,280
Population (Census 1961)	8,642
Registrar General's estimate of resident population mid-1970	9,020
Number of dwelling houses	3,360
Rateable value (December 1970)	£251,819
Product of Penny Rate (March 1970)	£941-8-1

Summary of Vital Statistics

	Total	M	F	
Live Births:				
Legitimate	114	55	59	Birth rate per 1,000 of the estimated resident population 13.9
Illegitimate	11	7	4	
Still Births:				
Legitimate	—	—	—	Rate per 1,000 (Live and still births) 0.0
Illegitimate	—	—	—	
Total Births:				
Legitimate	114	55	59	
Illegitimate	11	7	4	
Deaths	110	55	55	Death rate per 1,000 of the estimated resident population 12.2.

Maternal Mortality

There was one maternal death. This gives a maternal mortality rate of 8.0 per 1,000 live and stillbirths.

Infant Mortality

There were six infant deaths and the following table gives the cause of death.

Cause of Death	No. of Infants dying in				
	1st Week	2nd Week	3rd Week	4th Week	5-52 Weeks
Cerebral Anoxia	2	—	—	—	—
Atelectasis	1	—	—	—	—
Bilateral Consolidation of Lungs	—	—	—	—	1
Cerebral Haemorrhage ...	2	—	—	—	—

Infant Mortality Rate

Total Infant deaths per 1,000 total live births	48.0
Legitimate infant deaths per 1,000 legitimate live births	48.0
Illegitimate infant deaths per 1,000 illegitimate live births	0.0

Neo-Natal Mortality Rate

Deaths under four weeks per 1,000 live births	40.0
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Early Neo-Natal Mortality Rate

Deaths under one week per 1,000 live births	40.0
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Perinatal Mortality Rate

Stillbirths and deaths under one week combined per 1,000 total live and stillbirths	40.0
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Causes of Death — Horbury U.D.

Cause of Death		1968			1969			1970		
		M	F	Total	M	F	Total	M	F	Total
B.4	Enteritis and Other Diarrhoeal Diseases	—	—	—	1	—	1	—	—	—
B.19.1	Malignant Neoplasm, Buccal Cavity, etc.	—	—	—	—	—	—	1	—	1
B.19.3	Malignant Neoplasm, Stomach	3	—	3	2	—	2	2	—	2
B.19.4	Malignant Neoplasm, Intestine	—	—	—	—	2	2	2	3	5
B.19.6	Malignant Neoplasm, Lung and Bronchus	3	—	3	5	—	5	3	2	5
B.19.7	Malignant Neoplasm, Breast	—	2	2	—	2	2	—	2	2
B.19.8	Malignant Neoplasm, Uterus	—	—	—	—	1	1	—	1	1
B.19.9	Malignant Neoplasm, Prostate	—	—	—	—	—	—	2	—	2
B.19.10	Leukaemia	1	—	1	—	—	—	1	—	1
B.19.11	Other Malignant Neoplasms	4	8	12	—	3	3	2	1	3
B.21	Diabetes Mellitus	—	1	1	—	—	—	1	—	1
B.46.1	Other Endocrine etc. diseases	—	1	1	1	—	1	—	—	—
B.46.4	Other diseases of Nervous System, etc.	1	1	2	1	2	3	—	—	—
B.26	Chronic Rheumatic Heart Disease	1	1	2	1	1	2	—	1	1
B.27	Hypertensive Diseases	1	1	2	—	2	2	—	—	—
B.28	Ischaemic Heart Disease	14	11	25	16	12	28	11	12	23
B.29	Other forms of Heart Disease	6	10	16	4	3	7	3	6	9
B.30	Cerebro Vascular Disease	7	6	13	6	9	15	7	11	18
B.46.6	Other Diseases of Circulatory System	2	3	5	2	1	3	3	—	3
B.31	Influenza...	—	—	—	—	1	1	—	1	1
B.32	Pneumonia	3	4	7	2	6	8	2	4	6
B.33.1	Bronchitis and Emphysema	6	4	10	8	2	10	7	3	10
B.33.2	Asthma	1	—	1	—	—	—	1	—	1
B.46.7	Other Diseases of Respiratory System	—	—	—	—	—	—	—	1	1
B.34	Peptic Ulcer	1	1	2	—	—	—	1	—	1
B.36	Intestinal Obstruction and Hernia	—	—	—	—	1	1	—	1	1
B.37	Cirrhosis of Liver	—	—	—	1	—	1	—	—	—
B.38	Nephritis and Nephrosis	1	—	1	—	—	—	—	—	—
B.46.8	Other Diseases of Digestive System	—	—	—	—	—	—	—	1	1
B.46.9	Other Diseases of Genito Urinary System	—	—	—	1	—	1	1	—	1
B.41	Other complications of Pregnancy, etc.	—	—	—	—	—	—	—	1	1
B.43	Birth Injury, Difficult Labour, etc.	—	—	—	—	1	1	2	1	3
B.44	Other Causes of Perinatal Mortality	—	—	—	1	2	3	—	1	1
B.45	Symptoms and Illdefined conditions	—	—	—	—	—	—	1	—	1
B.E.47	Motor Vehicle Accidents	1	—	1	1	—	1	—	—	—
B.E.48	All other accidents	—	—	—	1	—	1	1	1	2
B.E.49	Suicide and self inflicted Injuries	—	—	—	—	—	—	—	—	—
B.E.50	All other external causes	1	—	1	—	—	—	—	1	1
TOTAL		57	54	111	55	51	106	55	55	110

Analysis of Deaths in Age Groups

Under 1	1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		Over 75	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2	4	—	—	—	1	—	—	—	—	3	4	2	8	8	24	15	15	23

Vital Statistics over Ten Years — 1961-1970

Year	Birth Rate	Perinatal mortality Rate	Still-birth Rate	Death Rate	Infant mortality Rate	Maternal mortality Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of:		No. of deaths:	
								Pul-monary	Non-Pul-monary	Diph-theria	Polio-myelitis	T.B. (all forms)	Cancer of lung and bronchus
1961	19.6	34.7	17.3	14.2	29.4	0.0	1.85	0.0	0.0	0	0	0	2
1962	17.9	50.3	18.9	13.5	38.5	0.0	2.18	0.0	0.0	0	1	0	4
1963	16.1	7.0	7.0	11.1	0.0	0.0	1.94	0.0	0.0	0	0	0	7
1964	19.4	23.3	5.8	10.4	29.2	0.0	2.27	0.0	0.0	0	0	0	4
1965	18.2	18.4	6.1	12.6	18.5	0.0	2.02	0.0	0.0	0	0	0	7
1966	15.8	20.8	20.8	12.0	0.0	0.0	2.24	0.0	0.0	0	0	0	5
1967	17.5	25.0	6.0	11.5	25.0	0.0	0.89	0.0	0.0	0	0	0	1
1968	18.1	0.0	0.0	12.3	6.1	0.0	2.32	0.0	0.0	0	0	0	3
1969	14.8	43.8	21.9	11.7	52.2	0.0	1.65	0.0	0.0	0	0	0	5
1970	13.9	40.0	0.0	12.2	48.0	8.0	2.40	0.0	0.0	0	0	0	5

Principal Vital Statistics for the Year 1970 Comparison with other Areas
Based on the Registrar-General's Figures

	Horbury U.D.	Ossett M.B.	Morley M.B.	Wakefield R.D.	Aggregate West Riding Urban Districts	West Riding Adminis- trative County	England and Wales (Pro- visional Figures)
Birth Rate (per 1,000 estimated popula- tion)	13.9	20.6	18.7	18.5	17.2	17.3	16.0
Death Rates (all per 1,000 estimated resi- dent population) all causes	12.2	10.8	11.1	8.9	12.5	11.7	11.7
Tuberculosis of Respiratory system	0.0	0.0	0.0	0.0	0.02	0.02	0.02
Other forms of Tuberculosis	0.0	0.06	0.02	0.04	0.01	0.01	0.01
Cancer	2.4	1.90	2.29	1.05	2.29	2.14	2.39
Cerebrovascular Disease	2.0	1.38	1.72	1.30	1.89	1.75	*
Circulatory Diseases	3.99	3.46	4.01	3.85	4.76	4.44	*
Respiratory Disease (exc. tuberculosis of respiratory system)	2.11	2.42	1.61	1.05	1.82	1.69	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	48.0	11.2	17.0	18.1	19.5	19.8	18.2
Maternal Mortality (deaths of mothers due to pregnancy or childbirth per 1,000 live and still births)	8.0	0.0	1.21	0.0	0.36	0.29	0.18
Still Birth Rate (per 1,000 live and still births)	0.0	13.8	7.2	17.8	13.3	13.6	13.0
Perinatal Mortality Rate	40.0	22.1	13.3	28.9	24.1	24.4	23.5
Neo-natal Mortality Rate	40.0	8.4	7.3	13.6	13.2	13.2	12.3

* Figures not available

INFECTIOUS DISEASES

Annual Notification — 1966-1970

Disease	Year of Notification				
	1966	1967	1968	1969	1970
Scarlet Fever	2	3	1	1	6
Whooping Cough	1	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—
Measles	127	40	84	2	43
Diphtheria	—	—	—	—	—
Dysentery	1	—	1	1	—
Smallpox	—	—	—	—	—
Acute Encephalitis	—	1	—	—	—
Acute Meningitis	—	—	—	—	—
Typhoid Fever	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—
Food Poisoning	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—
Pulmonary Tuberculosis	—	1	—	—	—
Other forms of Tuberculosis	—	—	—	—	—
Malaria	—	—	—	—	—
Leptospirosis	—	—	—	—	—
Anthrax	—	—	—	—	—
Tetanus	—	—	—	—	—
Infective Hepatitis (Jaundice)	*	*	—	—	—

* Notifiable from 15.6.68

As was anticipated in last year's Annual Report, the notification of cases of measles rose again in 1970 due to the shortage of the vaccine which occurred in the latter part of 1969 which led to almost the complete discontinuance of the measles vaccination programme. However, the return of normal vaccine supplies should result in fewer notifications next year.

TUBERCULOSIS

Cases requiring examination are referred to the Chest Clinic at Dewsbury General Hospital or the Chest Clinic at Pinderfields Hospital, Wakefield, and regular home supervision is carried out by the Health Visitor. Free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives the position regarding tuberculosis in Horbury in 1970 –

	Respiratory			Non-Respiratory			Total
	M	F	Total	M	F	Total	
No. on register at 1st January, 1970	2	1	3	—	—	—	3
No. first notified during 1970	—	—	—	—	—	—	—
No. of cases restored to register	—	—	—	—	—	—	—
No. of cases entered in register other than by notification	—	—	—	—	—	—	—
No. removed from register during 1970:							
(a) Died	—	—	—	—	—	—	—
(b) Removed from district	—	—	—	—	—	—	—
(c) Recovered	1	—	1	—	—	—	1
No. remaining on register on 31st December, 1970	1	1	2	—	—	—	2

The number of new cases and the number of deaths of notified cases during 1970 are given in the following table –

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0— 5	—	—	—	—	—	—	—	—
6—14	—	—	—	—	—	—	—	—
15—24	—	—	—	—	—	—	—	—
25—44	—	—	—	—	—	—	—	—
45—64	—	—	—	—	—	—	—	—
65 and over ...	—	—	—	—	—	—	—	—
Totals	—	—	—	—	—	—	—	—

Miniature Mass Radiography

The Leeds Regional Hospital Board Mobile Unit visits Horbury in alternate years. No visit was made to Horbury in 1970.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES

LOCAL ADMINISTRATION

CLINICS

<i>Clinic</i>	Congregational Chapel, Tithe Barn Street, Horbury.
<i>Child Health Clinic</i>	2 p.m. to 4 p.m., Monday.
<i>Family Planning Clinic</i>	Croft House, Ossett (by appointment).
<i>Cervical Cytology</i>	Croft House, Ossett (by appointment)
<i>School Clinic</i>	First Thursday in Month, 10 a.m. to Noon. (by appointment).
<i>Chiropody Clinic</i>	Thursday, 2 p.m. to 5 p.m. (by appointment).
<i>Immunisation and Vaccination</i>	At Child Health Sessions.
<i>Child Guidance Clinic</i>	Croft House, Ossett Thursday, 9 a.m. to Noon (by appointment).
<i>Speech Therapy</i>	Croft House, Ossett Monday, 1.30 p.m. to 4 p.m. and Friday, 9.30 a.m. to Noon (by appointment).

Child Health Clinic

Clinic	No. of Sessions	No. of children who attended and were born in		Total No. of attendances made by children born in		Average attendances per session
		1970	1965-69	1970	1965-69	
Congregational Chapel, Tithe Barn Street, Horbury	48	99	220	682	855	32

*Family Planning Clinic, Ossett **

No. of Sessions	No. of New Patients	No. of Attendances
15	54	79

* Table relates to period September to December 1970

Cervical Cytology Clinic, Ossett

No. of Sessions held	No. of Patients attending	No. of smears taken	No. of positive smears	No. of women referred to G.P. for breast tumours
10	148	137	—	1

Dental Treatment of Expectant and Nursing Mothers

These mothers are referred from ante-natal or child health clinics to local health authority dental clinics or a dentist practising in the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by the local health authority staff and inspected at the dental clinic were 21 in the Division but only 15 of these completed treatment.

Provision of Welfare Foods

Welfare cod liver oil, orange juice, Vitamin A and D tablets and National Dried Milk are distributed at the Child Health Clinic and some proprietary brands of milk and other infant foods are sold at the Child Health Clinic for the convenience of mothers.

HOME NURSING

The home-nursing service in Horbury is undertaken by one full-time nurse attached to the practice of Doctors Green, Brearley and Berry. A relief nurse is available when required.

Type of Patient under Care of Home Nurse

Classification	No. of individual patients attended	Total number of visits made
Medical	129	2880
Surgical	37	1261
Infectious Diseases	—	—
Tuberculosis	—	—
Maternity	4	27
Other Conditions... ..	5	56
Total	175	4224

Day and Night Nursing Service

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relations who may be near “breaking point”, having cared for a patient at home for a considerable time and this service is very much appreciated by those relatives who have been under severe strain. Persons employed are trained nurses, persons with nursing experience or sitters-in. The full cost of this scheme is met by the County Council. Three cases in Horbury received assistance under this scheme during 1970. The total number of hours of assistance being 182.

No. of Cases and hours worked in Day and Night Nursing Service in the Division in 1970

Area	Cases Attended			Hours Worked		
	Cancer	Other Illness	Total	Cancer	Other Illness	Total
Ossett M.B. ...	—	1	1	—	87	87
Morley M.B. ...	6	8	14	278	277	555
Horbury U.D. ...	2	1	3	116	66	182
Wakefield R.D. ...	1	3	4	19	58	77
Total	9	13	22	413	488	901

MIDWIFERY

One full-time midwife covers the Horbury area and has additional help and relief as and when required.

Hospital and Domiciliary Confinements in Horbury in 1970

Place of Delivery	No.	Percentage of Total
Delivered in Hospital	81	64.0 %
Delivered in private Nursing Home ...	—	—
Delivered by Domiciliary Midwife ...	44	36.0 %
Total (including still births) ...	125	100.0 %

During 1970 the practising midwife did not summon medical assistance to any mother during confinement.

Early Discharges of Mothers from Hospital in the Division — 1969-1970

	1969	1970
Patients discharged at 48 hours	329	347
Patients discharged after 48 hours up to and including the 5th day	159	244
Patients discharged after the 5th but before the 10th day	198	200
Total patients discharged before the 10th day	686	791
Total Divisional Institutional Births ...	1355	1386
Total Divisional Domiciliary Births ...	348	372

Provision of Maternity Outfits

These are provided free to mothers preparing for confinement in their own homes.

Analgesia

All midwives are trained in the administration of trilene and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor.

Emergency Obstetric Unit

The “Flying Squad” attached to the General Hospital, Wakefield, is available for obstetric emergencies occurring within the district.

Care of Premature Infants

Special equipment is available for use in the home when necessary.

Survival of Premature Babies in Horbury (Domiciliary and Hospital during 1970)

Weight	No. of Premature Babies			
	Born Alive	Born Dead	No. dying within 28 days	No. Surviving 28 days
Under 2½ lbs. ...	—	—	—	—
2½ to 3 lbs. ...	—	—	—	—
3 to 3½ lbs. ...	—	—	—	—
3½ to 4 lbs. ...	2	—	1	1
4 to 4½ lbs....	1	—	1	—
4½ to 5 lbs. ...	1	—	—	1
5 to 5½ lbs....	5	—	—	5
Total ...	9	—	2	7

Maternity Liaison

No invitations were received to Maternity Liaison Committees during the year.

HEALTH VISITING

The Health Visitor in Horbury is attached to Doctors Green, Brearley and Berry, and is helped by a part-time assistant health visitor.

Summary of Health Visitors' Home Visits in Horbury in 1970

Health Visitor	Nurse Gillies
Assistant to Health Visitor	Nurse Rhoades
General Practitioner Attachment	Drs. Brearley, Green and Berry
Children aged 0-5 years	265
Persons aged 65 years and over	50
Mental Health Visits	2
Visits to Hospital Discharges	9
Households Visited (T.B. and Infectious Diseases)	—
Other Visits	222

Figures quoted are for first visits only

Phenylketonuria

The "Phenistix" test (an urine test) on all new babies has been replaced by the "Guthrie" test (a blood test). Several drops of blood are obtained from the heel of the baby using a sterile lancet which are then absorbed on to a blotting paper which also serves as the request card to the laboratory where the blood specimen is tested. All specimens are now referred to St. James Hospital, Leeds, where special facilities are available for mass testing.

All children tested in Horbury proved negative and thus free from disease which if not treated in the early weeks of life can produce severe mental sub-normality.

Congenital Dislocation of the Hip (Ortolani Test)

This checks the hip abduction movement. A positive case, which indicates a congenital dislocation of the hip, must be referred promptly to an orthopaedic consultant for confirmation of diagnosis and early treatment should this be indicated in order to avoid prolonged treatment or a permanent handicap in later life. In the Division 19 babies were referred to a specialist during 1970 and six were confirmed as cases of congenital dislocation of the hip. Seven were given further appointments for observation. Of the six confirmed cases, two were resident in Morley, two in Ossett and two in Wakefield Rural District.

HOME HELP

In accordance with the National Health Service Act, the County Council provide domestic help for households where such help is required owing to the presence of a person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age.

Home helps were provided in Horbury for the following reasons –

	Cases	Hours
Maternity	1	42
Chronic Sick and Tuberculosis	81	8549
Others	4	476
Total	86	9067

During the year, 86 cases were attended by home helps compared with 85 in the previous year and there was a decrease of 210 hours worked.

CHIROPODY

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is medically unfit to attend the clinic. Details of the cases treated throughout the year are given below –

Clinic	Ses- sions held	No. of Patients Treated				Total Treatments given			
		A.	P.H.	E.M.	Total	A.	P.H.	E.M.	Total
Congrega- tional Chapel, Tithe Barn St., Horbury Domiciliary Treatments	38	59	2	—	61	285	9	—	294
	—	27	8	—	35	97	39	—	136
Total	38	86	10	—	96	382	48	—	430

**NURSERIES AND CHILD MINDERS REGULATIONS
ACT - 1948**

This Regulation Act was amended by the Health Services and Public Health Act 1968, but the amendment did not become operative in the West Riding until early 1969. Under the Act, the County Council is authorised to grant or refuse registration of both nuseries and child minders. Several enquiries for registration have been investigated and two child minders have been registered during the year in Horbury. The one Playgroup commenced in Horbury in April 1967, is now registered under the Act and has received inspection by the Health Department.

CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together for each of these families the knowledge and activities of the organisation concerned, representatives meet quarterly in Horbury Town Hall under the chairmanship of the Medical Officer of Health. A total of 46 cases have been discussed at the meeting during 1970, three of them from the Horbury Urban District.

WHAT ARE THE LOCAL AUTHORITY HEALTH SERVICES FOR CHILDREN?

Historically the child health services developed as two distinct entities – those available for school children came into existence from about 1907 onwards and those for children aged 0-5 years several years later. The school health service has always been the more developed of the two and indeed the 1944 Education Act envisaged a self-contained health service for school children, but this was superseded by the introduction of the National Health Service. Of recent years, however, much progress has been made in the infant health services and what is perhaps as important is that the administrative and clinical distinction between the two services is gradually disappearing. I propose therefore to discuss these services as they are today in a chronological order from birth to school-leaving age, detailing the provision now available.

When a child is born the medical officer of health receives a notification of the birth within 36 hours if the birth occurs in his area and usually within six days if the notification is transferred from another authority. In the West Riding, a copy of this notification is passed to the County Medical Officer where it is used to form the basis of the child's record on the West Riding computer. From the original record the health visitor and clinic record cards are initiated in preparation for the health visitor's first visit to the mother and child between ten and 12 days after the birth. This visit is the beginning of at least 15 years of contact with the child and his/her family, though of course in a number of cases the first contact of a member of the health department staff with the child may have been at the birth if the confinement was undertaken by the domiciliary midwife or shortly afterwards if the mother and child were discharged from hospital before the tenth day after confinement.

At this first visit the health visitor completes those details such as forenames and details about the general health of the baby, informs the mother of the vaccinations and immunisations that the child should have, and if in agreement the mother gives her consent for these to be undertaken at the appropriate times. But what is perhaps more important is that she is available to offer advice and guidance to the mother on all aspects of child care – and in addition, by her attachment to the family doctor, is able to refer any problems she feels are relevant to him and discuss the matter with him.

If the mother consents to the immunisation and vaccination programme the relevant details are sent to the County Medical Officer where they are added to the child's basic record by up-dating the computer. As a result, regular appointments are made either at the clinic or at the family doctor's surgery depending on the choice of the parent. The latter does of course depend upon whether or not the family doctor has joined the computer scheme, but even if not, the attached health visitors are regularly informed of those patients who wish to receive their protection from a particular general practitioner in order that they may follow-up each child.

The first specific screening test – that for congenital dislocation of the hips (Ortolani Test) – is usually performed within three days of birth by the midwife either in the hospital or on the district depending where the infant is at that point in time. This test is repeated by the health visitor at her first visit, and if the mother attends the clinic, it may well be repeated again. Failures are referred to the general practitioner or clinic doctor and if confirmed are referred to an orthopaedic specialist for further investigation.

The next specific screening test is made between six and 10 days, again by the midwife. This is the Guthrie Test and is made to exclude phenylketonuria, which is a disease of the metabolism, and if not treated early in life by means of a special diet will produce severe mental subnormality in the affected child. A small quantity of blood is obtained on an absorbent test paper by pricking the heel with a sterile lancet. This blood specimen is examined in the laboratory and all positive results are referred via the general practitioner to a paediatrician.

At three months of age, the health visitor undertakes a screening test on general development which is repeated at six months, 10 months, 18 months, three years and four years – the latter at the time of the pre-school medical examination. If at any time 50 per cent of the tests are failed or the health visitor has cause for clinical concern, the child is referred to the clinic doctor for further investigation. In addition, there is a screening test for deafness which is undertaken after six months of age. This is considered to be a very important examination and notice that this test is due is issued by the computer. The result is passed back to the County Medical Officer in order that the computer can be updated and where a child fails the test and is not at that time referred to a specialist, a repeat test is requested at nine months and 18 months unless a satisfactory result is obtained or the child is referred to the appropriate consultant.

Immunisation against diphtheria, whooping cough and tetanus is begun at six months, continued at eight months and the primary course completed at 14 months. Measles vaccination is given at 16 months.

Arrangements are now being considered for the first vision test – to be made at three years of age – though of course at present any child with a squint is referred for specialist advice as a matter of some urgency.

Information regarding congenital abnormalities and any potentially handicapped condition is obtained from the birth notification and from the initial and later visits paid by the health visitor.

This information, if relevant, is stored on the computer, and commencing in 1971, all such children when they reach the age of 18 months will be referred for assessment to the clinic. It may be that the condition has entirely resolved, in which case their names are deleted from the list. Others who are shown to have a handicap remain on the list to be reviewed and followed up periodically. The list at this point in time becomes therefore a handicapped children's register. The value of this procedure lies in being able to follow up children with disabilities, ensuring that all available medical attention is being obtained and in being able to plan the future education which would be best suited for that particular child.

The final screening test at four years is in fact replaced by the pre-school medical examination at which all the information gathered over the previous four years is available to the examining medical officer and is the important link whereby all the records are passed on to the school health service.

The traditional, and indeed, statutory three school medical inspections – infant, junior and senior – have undergone a reappraisal in recent years, and current opinion is that the first examination should be made in some detail and the remaining two dealt with as screening examinations. In this Division, this policy is adopted, but three, not two, screening examinations are made. The first medical examination has been advanced into the immediate pre-school period and as

stated above coincides with the last of the clinic examinations. The health visitors' record cards of all children who attain the age of five years in a particular year are extracted from the files and these form the basis of children to be examined in that year. Of course a number may have entered school early, in which case there is essentially a school medical examination performed at the clinic. The medical officer records any child who requires to be followed up at the school or special clinic and on return to the Divisional Office such children are noted, special clinic appointments made if necessary, and the records are sent back to the medical officer when the arrangements for a school visit have been made. Regular visits (depending upon the availability of medical staff) are paid to the schools, ideally, at least once a term, and the doctor can discuss those children she feels necessary with the head teacher and staff. At the pre-school examination, booster protection against diphtheria, tetanus and poliomyelitis is given.

The next screening examinations occur at seven years and 10 years, both in the junior school, and replace the second statutory examination. The parents of all children in these age groups are asked to complete a health questionnaire, which in turn is vetted by a school medical officer, and the children she selects plus those nominated by the head teacher, health visitor or requested by the parent, are examined. Similarly the junior schools are also visited once a term so that any children with problems can be the subject of mutual discussion between the doctor and teacher.

The last examination – again a screening examination – occurs in the 14th year. The selection is the same as before but includes in addition any older children nominated by the head teacher, health visitor and parents, as an increasing number of children are remaining in school beyond the statutory leaving age.

These then are the main examinations, but in addition there are other tests which are performed by the nursing staff. A regular vision test is given every two years at five, seven, nine, 11, 13, and 15 years of age. Colour vision is tested at 11 years and the information about children with a colour vision defect passed to the parent and head teacher of the Junior School and later to the Youth Employment Officer. Arrangements are now being made to inform the head teacher of the Secondary School when the child transfers. Hearing is tested at the age of six to seven years, using audiometry, and this is to be repeated in the near future to include the nine to 10 age range. Regular visits are paid to the schools by the health visiting staff to inspect for head infestation.

At the present time we are still dealing with children who were initially protected against diphtheria and tetanus by the original method of three injections at monthly intervals, and for this to be effective more frequent booster protection was considered to be necessary. Such children, therefore, are still receiving booster injections and oral poliomyelitis vaccine at the age of nine years, but this will discontinue in 1975. Protection against tuberculosis by BCG is now given at 11 years of age, the first year in the secondary school, as is protection against rubella (German measles), but in the latter case such protection is confined to girls, as the danger lies not in the effects of the disease on the child or adult, but on the development of an unborn child should the mother contract the disease during her pregnancy. Booster protection against tetanus, polio and smallpox will eventually be offered at 15 years of age.

One of the main purposes of all these screening tests is to pick out those children with handicaps and disabilities – particularly those where the condition has a direct bearing on the present or future education of the child – and as a result ensure that all the medical treatment and social help available has or is being obtained, and then plan the best type of education for this particular child. Supporting all the above are the specialist clinics – ophthalmic, ear, nose and throat, paediatric, child guidance – some provided by the local authority direct and others by the Hospital Service. Close contact is maintained with all the general practitioners in the Division from whom advice is frequently obtained and with whom consultation is always made before referral to hospital clinics.

HEALTH EDUCATION

During 1970, health education was undertaken in every senior school in the Division. Overall there was an extension of the work by the health visitor into one more junior school, increasing the number of junior schools involved in this type of health education to four.

As always, much teaching is done in the home and at the clinics by personal contact. Use is also made of displays, posters and leaflets which are displayed in doctors' surgeries and public places such as local libraries, post offices and district health offices.

The topics used in 1970 were as follows –

- Train for Safety
- Food Poisoning (Flies)
- Smoking
- Mental Health
- Family Planning
- Learn to Swim
- Baby Safety (Storing Poisons)
- Facts about Fires

Firework and Christmas posters were also used at the appropriate times.

Materials used during the year included films, filmstrips and flannelgraphs and the increase in usage of such materials is undoubtedly due to the variation and suitability of the subject matter now available.

Two home Safety Committees exist in the Division, one covering Ossett Horbury and Wakefield Rural (the Gaskell area), and the other, which is a sub-committee of the Health Committee with co-opted members, at Morley.

THE UNMARRIED MOTHERS AND MOTHER AND BABY HOMES

The unmarried mother is referred usually by the Moral Welfare Organisation, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby, this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the West Riding. The mother enters the Home during the later period of her pregnancy, is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Nineteen such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 111 live illegitimate births, 66 were dealt with in the Division as indicated below –

	West Riding Cases	Non-County Cases	Total
1. Number of cases dealt with during the year:			
(a) Referred by Moral Welfare Organisations	9	—	9
(b) Ascertained through our own staff (midwives, etc.)	35	—	35
(c) Referred by other services	22	—	22
Totals	66	—	66
2. Analysis:			
(a) Married*			
(i) with previous illegitimate children ...	5	—	5
(ii) without previous illegitimate children ...	8	—	8
(b) Single			
(i) with previous illegitimate children ...	7	—	7
(ii) without previous illegitimate children ...	45	—	45
(c) Widowed or divorced			
(i) with previous illegitimate children ...	—	—	—
(ii) without previous illegitimate children ...	1	—	1
Totals	66	—	66

* For the purpose of the scheme, a married mother of an illegitimate child is included, when known as such, as an unmarried mother.

	West Riding Cases	Non-County Cases	Total
3. Ages:			
(a) Under 15	—	—	—
(b) 15—19	26	—	26
(c) 20—24	24	—	24
(d) 25—29	8	—	8
(e) 30—39	8	—	8
(f) 40 and over	—	—	—
Totals	66	—	66
4. Disposal:			
(a) Cases settled—			
(i) Marriage	4	—	4
(ii) Baby died	1	—	1
(iii) Grandparents to take baby home	—	—	—
(iv) Baby adopted	13	—	13
(v) Baby fostered	4	—	4
(vi) Mother keeping baby	44	—	44
(b) Cases referred elsewhere	—	—	—
(c) Cases in which action has been taken but not finally settled	—	—	—
Totals	66	—	66

CARE AND AFTER-CARE

Recuperative Home Treatment

Ten patients were sent to various convalescent homes from this Division during the year following medical recommendation from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

Provision of Nursing Equipment in the Home

Nine hundred and six items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bedpans, rubber sheets, beds, hoists and wheelchairs. The latter are for temporary use only, as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service has been largely superceded by the use of disposable pads. These pads are more comfortable to the patient, can be changed more frequently than bed linen and are therefore much more convenient.

Hospital Liaison

Five health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manyates Maternity Hospital and Leeds Maternity Hospital, one carrying out geriatric liaison with Wakefield General Hospital, one diabetic liaison with Clayton Hospital, Wakefield, and one with the Leeds Chest Clinic engaged in tuberculosis liaison.

Premature Baby Liaison

This takes place at Manyates Maternity Hospital, Wakefield General Hospital and Leeds Maternity Hospital. The health visitor visits weekly and obtains environment reports for the paediatricians and notifies the Divisions of pending discharge of a premature baby. The health visitor also attends a follow-up clinic at Manyates Hospital.

Diabetic Liaison

The health visitor attends Dr Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own areas and refers patients together with detailed instructions regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

Geriatric Liaison

Geriatric liaison work at the beginning of the year consisted of social reports and discharge rounds at the General Hospital, Wakefield.

The majority of patients from Division 13 are admitted to the General Hospital, Wakefield, and Staincliffe Hospital, Dewsbury. A few cases requiring active treatment only are admitted to St James' Hospital, Leeds.

Tuberculosis Liaison

The health visitor attends at the Chest Clinic, Leeds, and undertakes liaison work with the Chest Physician, the other health visitors on the District, and the patients. She also undertakes the Heaf testing of ascertained contacts of cases of tuberculosis.

MENTAL HEALTH

Mental Welfare Officers

There are three Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons and with the admission of such persons to hospital when this becomes necessary. A 24-hour admission service is operated in conjunction with other Mental Welfare Officers in adjoining Divisions.

Psychiatric Social Club

This Club meets every week at Morley Central Clinic on Thursday evenings at 7.30 p.m. About 15 out of a possible 25 members turn up at the Club evenings, and the mental welfare officers help in the arrangement of activities. The purpose of the Club is to assist in the social re-integration of patients discharged from hospital and to serve as a link between hospital and domiciliary services. It is essentially a friendly group where members can meet others who, if they do not have their problems at least understand them.

Ossett Junior Training Centre

The year started with 23 children on the register; six children were admitted and nine left, such that on the 31st December 1970, 20 children were in attendance. Of the nine discharges, four were transferred to the West Ardsley Centre on attaining the age of 11 years, two were transferred to the West Ardsley Special Care Unit, one transferred to Hartshead Moor Special School for educationally subnormal pupils, one transferred to a Rudolph Steiner School in Aberdeen, and the last child being in need of hostel care was transferred to the Harrogate hostel and attends the local training centre.

**Age and Sex of Children in Attendance at Ossett
Training Centre at 31st December, 1970**

Sex	Age									Total
	3+	4+	5+	6+	7+	8+	9+	10+	11+	
Male ...	—	2	—	1	2	—	6	1	—	12
Female ...	1	1	—	2	—	—	—	3	1	8
Total ...	1	3	—	3	2	—	6	4	1	20

West Ardsley Training Centre

There were 96 trainees in attendance at the Centre at the end of 1970 with ages ranging from three to 55 years. Twenty-two persons were admitted, consisting of 12 children under the age of 16 and 10 adults – five of whom resided at the hostel. Seven of the children were admitted into the extended Special Care Unit, which came into operation during the September.

**Age and Sex of Trainees in Attendance at West Ardsley Training Centre
December 31st, 1970**

Section	Junior Wing							Adult				Special Care Unit		Total			
	Junior Group				Transitional			16+	20+	30+	40+	Under 16	Over 16				
Age	4+	5+	6+	7+	8+	9+	10+	11+	12+	13+	14+	15+					
Male	1	1	1	—	2	2	1	2	2	1	2	—	4	14	3	5	1
Female	—	—	—	—	—	1	2	2	2	2	—	1	4	15	7	9	1
Totals	1	1	1	—	2	3	3	4	4	3	2	1	8	29	8	14	2
	15								10			59		10	12	96	
Places	12								12				23		12/18*	82/88*	
									Males				23		Females		23

* Case load varies according to amount of nursing required

There were 10 discharges in the same period, three of whom were children, one being admitted to a special school for educationally subnormal pupils, another was admitted to hospital for long-stay care and one left because of ill-health. Four of the adults were in temporary residence at the hostel, one left because of ill-health, one found employment and one transferred to another training centre nearer his home.

Healey Croft

Healey Croft Hostel was completed in August 1965, and has places for 30 subnormal adults, 15 male and 15 female.

There were eight admissions and eight discharges during the year, summarised as follows –

<i>Admissions</i>	Short stay	..	..	..	..	4
	From hospital	..	..	..	..	2
	From community on social grounds	..	..	..	..	2
<i>Discharges</i>	Short stay	..	..	..	..	4
	To lodgings	..	..	..	..	3
	To hospital	..	..	..	..	1

There was a waiting list of 47 potential residents at the end of 1970 and of the 30 residents at the hostel, nine males and three females were in employment and the remainder attending the West Ardsley Training Centre.

**Age and Sex of Residents at Healey Croft
at the 31st December, 1970**

Sex	Age								Total
	16+	19+	22+	25+	30+	40+	50+	60+	
Male ...	—	3	—	1	5	3	2	1	15
Female ...	—	5	—	1	3	2	4	—	15
Total ...	—	8	—	2	8	5	6	1	30

Lee Grange Hostel

Lee Grange opened in July 1968 and has places for 20 adults who are recovering from mental illness. During 1970 there were 33 admissions and 37 discharges compared with 30 admissions and 24 discharges in 1969. At the end of the year there were 10 residents in occupation, seven males and three females, compared with 10 males and five females in the previous year.

**Age and Sex of Residents at Lee Grange at
31st December, 1970**

Sex	Age								Total
	16+	19+	22+	25+	30+	40+	50+	60+	
Male ...	—	—	1	3	—	1	2	—	7
Female ...	1	—	1	—	—	—	1	—	3
Totals ...	1	—	2	3	—	1	3	—	10

This is a short-stay hostel and its use must depend upon good liaison with the nearby hospitals in Wakefield, Leeds, Bradford and Huddersfield.

IMMUNISATIONS AND VACCINATIONS

In accordance with the National Health Service Act, immunisation against diphtheria, and vaccination against whooping cough, tetanus, smallpox, poliomyelitis, measles and rubella may be done either at the Clinic or by the family doctor.

During 1970, all clinic appointments and about two-thirds of general practitioners' appointments in the Division for children born in the years 1968/69/70 for immunisation and vaccination were issued by the central computer housed at County Hall in Wakefield. Whilst this computerisation of records has led to greater efficiency in the initial invitation of children for injections and subsequent follow-up of defaulters, etc., it is no longer possible to provide separate statistics for individual County Districts. The following tables therefore relate to the whole of Division 13.

The number of children who were recorded as completing a primary course of immunisation and vaccination in 1970 was as follows –

Type of Immunisation or Vaccination	Year of Birth					Others Under age 16	Total
	1970	1969	1968	1967	1966-63		
Diphtheria ...	11	1047	315	6	150	55	1584
Whooping Cough	11	1044	311	5	6	1	1378
Tetanus ...	11	1047	315	6	147	76	1602
Poliomyelitis ...	11	1048	314	12	173	58	1616
Measles ...	—	581	860	390	422	40	2293
Rubella ...	—	—	—	—	—	332	332

The total Divisional births in 1969 was 1,679, which means that about 80 per cent of children were protected against diphtheria, whooping cough and tetanus.

The number of children who received re-inforcing doses in 1970 was as follows –

Diphtheria ...	—	13	19	6	2617	941	3596
Whooping Cough	—	13	18	3	24	3	61
Tetanus ...	—	13	21	8	2580	943	3565
Poliomyelitis ...	—	11	20	6	2569	931	3537

Smallpox Vaccination

The number of children receiving vaccination against smallpox during 1970 was as follows –

	Age at Vaccination							Total
	0-3 m'ths	3-6 m'ths	6-9 m'ths	9-12 m'ths	1 year	2-4 years	5-15 years	
No. Vaccinated ...	—	—	2	1	1055	217	86	1361
No. Re-vaccinated	—	—	—	—	—	4	36	40

It is estimated that approximately 76 per cent of children are now being protected against smallpox each year.

B.C.G. Vaccination against Tuberculosis

The vaccine used is B.C.G. and is offered to all children in their 14th year with a view to affording protection to adolescents in early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age group in 1970 and the acceptance rate was 77 per cent, though only 68 per cent were actually skin tested and the test read. Of these, 96 per cent had a negative reaction and four per cent had a positive reaction, the former being given B.C.G. vaccine. Of the 33 children recorded as having a positive reaction, 15 were sent for chest x-ray and all were normal.

The following table is a summary of the work carried out in the year —

School	No. of children eligible	No. of children whose parents Consented	No. of children Heaf Tested	No. of children with a Positive Reaction	No. of children with a Negative Reaction	No. Vaccinated	No. absent for reading of skin test
Horbury Sec.	110	94	85	—	68	68	17
Ossett Comp.	235	173	159	4	143	143	12
Criggleshstone Sec.	77	64	60	6	50	50	4
Crofton Sec.	127	91	85	10	65	65	10
Morley Grammar	151	109	109	5	104	104	—
Woodkirk Sec.	194	163	157	5	150	150	2
Bruntcliffe Sec.	220	163	159	3	151	151	5
Total	1114	857	814	33	731	731	50

B.C.G. vaccination is also available at the local chest clinic for the protection of ascertained contacts of tuberculosis and in certain other cases.

SCHOOL HEALTH SERVICE

Under the routine and selective scheme of medical examinations, 2,564 children were examined in 1970, and there were no children who were considered to have an unsatisfactory general physical condition.

School Population

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of departments ...	29	13	6	19	67
No. of children in attendance ...	7078	3195	1495	3384	15152
No. of children examined ...	1388	772	179	682	3021

The number of children routinely examined on entering infant schools are as shown in the following table.

Group	Morley		Ossett		Horbury		Wakefield Rural		Total	
	Satis	Un-satis	Satis	Un-satis	Satis	Un-satis	Satis	Un-satis	Satis	Un-satis
Entrants ...	1053	—	594	—	107	—	563	—	2317	—

Type of Examination	Morley	Ossett	Horbury	Wakefield Rural	Total
Special Exams. ...	474	79	39	165	757
Selective Ex., Jns.	260	141	54	105	560
Selective Ex., Snr.	75	37	18	14	144
Total	809	257	111	284	1461

Cleanliness

One hundred and eleven children were excluded from school – some on more than one occasion during the year – because of head infestation, and of these, seven were compulsorily cleansed. This compares with 102 exclusions and three compulsory cleansings in 1969. The percentage of infestation in the Division remains constant at 1.19 in 1970 compared with 1.2 in 1969.

The health visiting staff makes routine inspections to the schools and all cases of infestation are followed up with advice and supplies of shampoo for the affected child and where necessary for other members of the family.

Cleanliness Inspections

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of children examined ...	15567	8308	3815	8431	36121
No. of cases of infestation ...	258	69	9	97	433
% of infestation	1.6	0.8	0.2	1.1	1.19
No. of individual children infested	179	48	8	73	308
No. of children excluded from school	103	8	—	—	111
No. of cleansing notices issued	21	—	—	—	21
No. of cleansing orders issued ...	7	—	—	—	7
No. of children compulsory cleansed ...	7	—	—	—	7
Successful legal Proceedings ...	—	—	—	—	—

Vision

All children with a visual acuity of 6/9 are kept under observation, and those with less than this are referred for specialist examinations. The following table summarises the findings during the past year.

Results of Vision Test

Age	No. Examined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
7	1341	1257	93.7	56	4.2	28	2.1
9	1130	1054	93.2	43	3.8	33	2.9
11	1192	1072	89.9	79	6.6	41	3.4
13	970	869	89.5	66	6.8	35	3.6
Total	4633	4252	91.7	244	5.2	137	3.0

A colour vision screening test is undertaken at 11 years of age by means of the Ishihara Colour Plates. The shortened version is used by the health visitor and the test is repeated by the school medical officer using the complete set of plates when a child fails the first test. Colour vision is important when one is considering a future career as with certain occupations in the Royal Navy, Royal Air Force, Merchant Navy, Railways, G.P.O., Police, Pharmacy, Textile Manufacture, Electrical Industries, Printing and Paint Trades – defective colour vision would be a bar to employment. Both the parent and head teacher are informed if any defect is found to be present.

Hearing

One thousand three hundred and eighty three seven-year-old children had their hearing tested as a routine and 77 were referred to the School Medical Officer for further investigation. One child has been provided with a hearing aid during the year.

CLINIC AND CONSULTANT SERVICES

The Division is well served by neighbouring hospitals and hardly any delay occurs when a consultant's opinion is required. The Division has its own psychiatrist, psychologist, speech therapist and the services of several ophthalmologists on a sessional basis.

Child Guidance Clinic

The Child Guidance Clinics at Ossett and Morley continue to be held weekly, each clinic having one half-day session. The Morley Clinic is still the busier and as case material presented there justifies one full day a week it is hoped to extend the service in 1971. The number of children treated in both clinics is higher than in previous years.

The clinic accommodation and staff remain unchanged since 1968. Mr J. B. Mannix and Mrs A. B. Castle, psychologists, are working in both clinics, and Mrs S. Halstead continues to carry out the social work duties.

The case material referred to the clinics is chosen well, varies widely, and is of very great interest to all members of the clinic team. Occasional talks relevant to the work are requested and undertaken in the area.

Children Attending Child Guidance Clinics in 1970

	Osselt	Morley
No. of sessions held	49	52
No. of new cases	40	47
No. of cases referred from 1969	24	46
No. of cases discharged or referred for residential treatment	16	40
No. of cases carried forward to 1971	48	53

Number of New Cases Seen at Child Guidance Clinics 1966-1970

Clinic	1966	1967	1968	1969	1970
Ossett	20	17	24	28	40
Morley	31	32	32	40	47
Total	51	49	56	68	87

Refraction Clinic

Refraction clinics staffed by specialists are held at Morley, Ossett and Wakefield. There were 214 children – equivalent to a waiting period of three months – still to be seen at the Morley eye clinic at the end of the year. This was approximately the same as the waiting list at the end of 1969. There were 107 children on the waiting list for Ossett eye clinic, which is equivalent to a period of four months – this being due to the number of new referrals. There were also 107 children on the waiting list for the Wakefield eye clinic – a four-month waiting period.

Attendance at Refraction Clinic in 1970

	W'field	Morley	Ossett	Total
No. of sessions held	20	39	17	76
No. of new cases	70	132	74	276
No. of refractions carried out	202	447	188	837
No. of cases where spectacles were prescribed ...	82	129	69	280

Ear, Nose and Throat Clinic

With the consent of the general practitioner, children requiring specialist attention are referred to the hospital clinics at Batley and Wakefield.

Speech Therapy Clinic

There was only one speech therapist working part-time in the Morley and Gaskell areas of the Division, and since she left in November 1970 no replacement has been obtained.

1.	Total number of sessions held during year	..	..	..	..	161
2.	(a) Number of new cases treated during year	..	..	..	..	70
	(b) Number of cases already attending for treatment from previous year	..	..	..	..	128
	(c) Total number of cases treated (a and b)	..	..	..	..	198
3.	Number of cases awaiting treatment at end of year	..	..	..	..	20
4.	Number of visits made to school	..	..	..	..	—
5.	Number of home visits	..	..	..	..	—

Analysis of Cases treated during year							Boys	Girls
1.	Stammering	..	..	..	..	..	15	5
2.	Defects of articulation –							
	(a) Cleft palate	..	..	..	..	..	2	2
	(b) Cerebral palsy	..	..	..	..	..	2	2
	(c) Other structural malformations	..	..	..	..	..	7	2
	(d) Other causes, e.g. neurological	..	..	..	..	..	11	2
	(e) No specific cause found	..	..	..	..	..	50	33
3.	Disorders of language due to –							
	(a) Retarded language development (non-specific)	..	..	..	..	..	14	9
	(b) Retardation with associated subnormality	..	..	..	..	..	16	7
	(c) Retardation associated with deafness	..	..	..	..	..	8	3
	(d) Dysphasia	..	..	..	..	..	2	—
	(e) Aphasia	..	..	..	..	..	1	—
—	(f) Other reasons	..	..	..	..	..	5	1
4.	Dysphonia	..	..	..	..	..	—	—
5.	Other defects	..	..	..	..	..	1	—

Analysis: Children discharged during the year							Boys	Girls
	Total	..	..	..	..	..	46	27
	Speech normal	..	..	..	..	..	12	10
	Speech improved	..	..	..	..	..	12	7
	Unsuitable for treatment	..	..	..	..	..	2	—
	Non co-operation	..	..	..	..	..	11	3
	Admitted to special schools	..	..	..	..	..	1	2
	Left school	..	..	..	..	..	1	1
	Left district	..	..	..	..	..	1	3
	Other reasons	..	..	..	..	..	6	1

Handicapped Pupils

Fifty children were initially ascertained during the year, and at the end of 1970 we had 308 handicapped children on our register. Of these 162 were already receiving appropriate education in special schools, but 14 physically handicapped and 45 educationally subnormal children remain to be placed in special schools. Of the remaining 87, 86 – 16 of whom were physically handicapped – were recommended for special education treatment in ordinary school, and one required home tuition.

Handicapped Pupils recommended for Education in Special Schools at 31st December, 1970

Category	Morley	Gaskell	Total
Blind... ..	1	—	1
Partially Sighted	3	3	6
Deaf	7	7	14
Partially Hearing	1	1	2
Educationally Subnormal	81	60	141
Physically Handicapped	15	16	31
Maladjusted	9	7	16
Delicate	2	6	8
Epileptic	—	2	2
Total	119	102	221

Pre-School Handicapped Children

Under the present scheme, congenital abnormalities are notified by the midwife on the birth notification card and details are passed to the County Medical Officer for statistical purposes. In addition to this, a card index is kept in the Divisional Health Office of all known children who are born with or develop a handicap, either physical or mental, which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised and frequently visited by the health visitors, and their reports are submitted to the relevant departmental medical officer at the child Health clinics who will eventually come to a decision regarding the best possible arrangements for every particular child. This system will be superseded by a computer scheme in 1971.

Children and Young Persons Act, 1933

Thirty seven children made special application to take part-time employment during the year and all were considered physically fit for such work.

GENERAL PROVISION OF HEALTH SERVICES

Hospitals

General Hospital Accommodation

There are no hospitals within the Division, but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

A Regional Burns Centre built in the grounds of Pinderfields Hospital, Wakefield, in 1966, provides the most modern equipment and intensive specialist treatment designed to give severe burns cases the greatest possible chance of recovery.

Isolation Hospitals

Patients with infectious diseases may be admitted to Snapethorpe Hospital, Wakefield, or Seacroft Hospital, Leeds. The latter hospital admits any case of acute poliomyelitis from this area.

Maternity Hospital and Maternity Homes

Maternity hospital facilities are available at centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Morley. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement. A maternity hospital, the first phase of a district hospital, is under construction in Dewsbury, and will be operational in 1972.

Hospitals specialising in Mental Disorders

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park, Hospital, Leeds, and Westwood, Bradford, a new hospital for mentally subnormal patients is under construction on a site adjacent to Pinderfields and Stanley Royd Hospital, Wakefield. This hospital will have beds for 480, of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit for 20 beds for those subnormal patients suffering from acute medical and surgical conditions. Work commenced on the hospital towards the end of 1968 and is likely to be completed in 1972.

Ambulance Service

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Ambulance Headquarters, telephone Bradford 682211.

Laboratory Facilities

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health), accepts specimens for bacteriological, entomological and chemical investigations from general practitioners and Public Health Department staff.

HORBURY URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

PUBLIC HEALTH INSPECTOR

AND

CLEANSING SUPERINTENDENT

for the Year 1970

REPORT OF THE PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT, 1970

Town Hall,
Horbury
April, 1971.

To the Chairman and Members of the Council

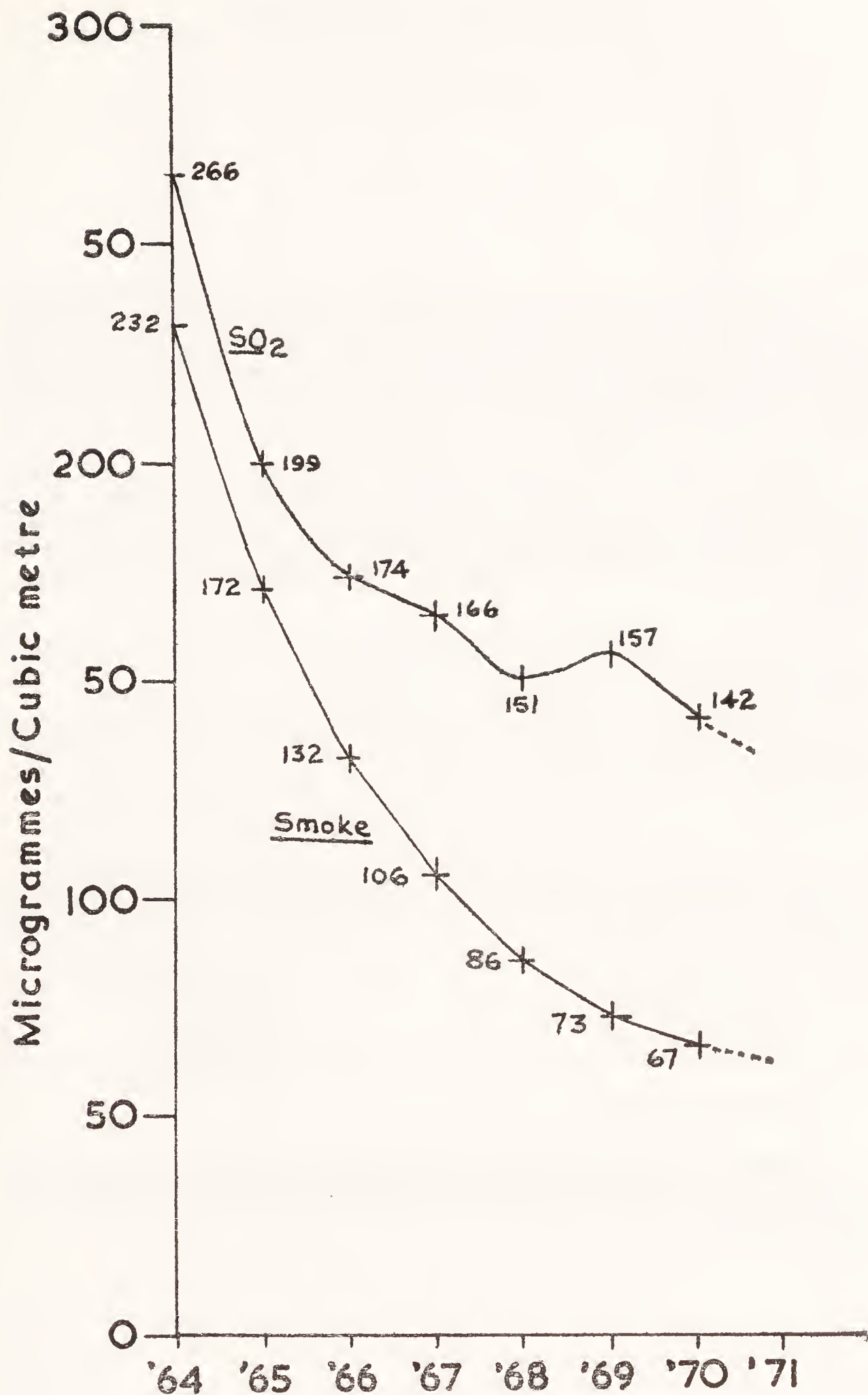
Mr Chairman and Members,

Clean Air

For many years I have taken a particular interest in the abatement of atmospheric pollution and, because of this interest, I am personally aware of the improvement which has taken place in Horbury since you instituted a phased programme of smoke control. The graph opposite is to remind anyone who is not so intimately concerned with this project of the remarkably satisfying results it has achieved. Atmospheric smoke in the township is now less than one-third of what it was seven years ago, and atmospheric sulphur dioxide has been reduced by almost 50 per cent. In this case the “cure” was applied and found to be effective, but it is unusual for members of a “preventive” team to be able to point to such significant data.

In September 1971 the whole of the Urban District will be covered by Smoke Control Orders.

A constant check on the level of atmospheric pollution is kept at the Town Hall. Results are forwarded to the Warren Spring Laboratory of the Department of Trade and Industry for inclusion in the National Survey figures.



AVERAGE VALUES OF SMOKE AND
SULPHUR DIOXIDE 1964 — 1970

Housing

I have been concerned at the delays which occur between the representation of Clearance Areas and the eventual demolition of the properties. Stringer Lane, for instance, was represented in early 1968, and at the time of writing is still standing as a semi-derelict blot. Delays such as this, often outside the control of the Council, nevertheless reflect badly on us from the point of view of the general onlooker. Valuation delays are mainly responsible.

Many substandard houses have been improved over the last decade under the supervision of the Engineer and Surveyor. Substandard properties, of an appropriate type, when improved can add greatly to the housing resources of the Country and the table opposite indicates the number and cost of such improvements within our own area — but environmental improvement must not be neglected.

A total of five houses were represented to you as unfit and 16 new houses were erected during the year, all by private builders.

Two qualification certificates were issued in respect of houses for which the landlord intended asking the Rent Officer to fix a “fair rent”, many more applications are expected in 1971.

There are no “common lodging houses” within the area.

The tables opposite give details of the waiting list for Council houses, and have been compiled from information supplied by the Chief Collector, The Council’s housing stock comprises —

Prewar:	one-BR bungalows . .	14	Postwar:	One-BR bungalows	108
	Two-BR bungalows	74		One-BR flats	40
	Three-BR houses	361		Two-BR houses	124
	Two-BR flats	2		Two-BR flats	60
				Three-BR houses	193

. . . a total of 976 dwellings.

Proposals include Honley Square grouped accommodation (24 bedsitters, 4 One-BR flats and warden accommodation) and King Street (24 one-BR flats, 18 two-BR flats and 6 three-BR flats). The redevelopment at Stringer Lane has not yet been finalised.

Improvement Grants - 1961/70

Year	No. of grants made	Amount of grant paid
1961	39	£5,384
1962	30	£4,174
1963	40	£5,547
1964	47	£6,014
1965	40	£6,093
1966	73	£10,714
1967	34	£8,444
1968	43	£8,145
1969	33	£6,583
1970	31	£5,850
Totals	410	£66,948

Application for Council Houses

Register No. and description	Col. 1 Number at 31.3.70	Col. 2 Number at 31.3.71	Col. 3 New applicants during year (inc. in Col. 2)
1. Horbury residents with insufficient bedroom accom. or in lodgings ..	47	40	27
2. General list of applicants residing in Horbury	82	56	16
3. Persons residing outside Horbury ..	74	35	17
4. Applications for bungalows	110	65	10
4a. Applications for bungalows from Council tenants	33	35	8
	346	231	78

Number of Applications on Housing Register since 1962

	1962	1963	1964*	1965	1966	1967	1968	1969	1970	1971*
List 1	30	44	54	41	35	44	30	38	47	40
List 2	108	127	48	54	55	52	54	78	82	56
List 3	219	226	29	54	37	34	47	71	74	35
List 4 & 4a	123	134	156	167	186	143	141	138	143	100
	480	531	287	316	313	273	272	325	346	231

* Register review and re-registration

Food Hygiene

It is a fact of life that anyone can start a food business in any kind of premises without first seeking the approval of the local health authorities. Answers to recent Parliamentary questions indicate that this state of affairs is to continue. In spite of this it is good business for aspiring food shop proprietors to have an early consultation with my department rather than risk falling foul of the legislation that controls premises which are actually operational. Alterations done at the planning stage are usually more economical than those which have to be carried out later. Food hygiene is important — yet proprietors are not required to have had any particular training. Techniques in the food industry itself have altered drastically over the last 20 years — accelerated freeze drying, vacuum packaging, micro-wave cooking, etc. — and proper handling is of paramount importance.

My reference to vacuum packaging above reminds me that there is at present a move afoot to secure date marking of “short life” prepacked foods. The system has been used successfully in the past by bacon suppliers and would almost certainly stamp out the skulduggery surrounding the “sale or return” supply of short-life items, where stocks are liable to shuttle from shop to shop via the delivery vehicles.

Our own list of food shops is indicated opposite, together with a list of unsound food condemned. A proportion is inspected annually, and when smoke control work is completed, more frequent visits will be made.

Food sampling is carried out by the County Council Weights and Measures Department and a table is inserted which outlines their activities in Horbury. One milk sample taken by the County Council was doubtful for brucella, but further samples indicated no action was necessary.

There are no poultry processing premises within the district and no slaughterhouses.

Listed Food Shops

Category	No. of shops	No. complying to Reg. 16	to to which Reg. 19 applies	No. complying to Reg. 19
Grocers	32	32	32	32
Fish Shops	9	9	9	9
Greengrocers	4	4	4	4
Butchers	8	8	8	8
Bread & Confectionery	6	6	6	6
Sweets, etc.	5	5	5	5
Miscellaneous	1	1	1	1
	65	65	65	65

Tinned Foods, etc., Surrendered and Condemned

					<i>lb.</i>	<i>oz.</i>
29 tins of cooked meat	..	..	..	..	140	11
82 tins of other tinned goods	..	..	..	..	142	13
381 pkts. of frozen food	..	..	..	..	142	13
Butter	..	..	..	..	56	0

Samples taken by W.R.C.C. Weights & Measures Dept., 1970

Milk	..	..	..	14 (all genuine)
Other Foods	..	..	..	11 (all genuine)

Water Supplies

The Chemist of the Wakefield & District Water Board, suppliers of water to all premises in the Urban Area writes as follows –

- “(a) The supply has been satisfactory in both quality and quantity;
- (b) Untreated and treated waters are examined twice a week for chemical and bacteriological purity and results show that no contamination of this supply has occurred;
- (c) The water is treated to prevent plumbo-solvency.

Horbury is supplied from two sources and the above comments apply to both.”

Water is supplied to 3,360 dwellings – a total of 9,070 estimated population. Supplies have been satisfactory in quantity and quality. No standpipes are in use. A typical analysis is shown on the page opposite.

Sewage Disposal and Sanitary Accommodation

The sewage treatment plant at Dudfleet treats effluent from all except 13 houses. These exceptions cannot be connected to the sewer and rely on cesspools, septic tanks or chemical closets.

Effluent quality at the treatment plant is not good and the sewage works will shortly be inspected by consulting engineers with a view to improvements being made, although it is likely that certain trade effluents are the main difficulty.

The sewer system is adequate for the area.

Wakefield and District Water Board

Sample Point: Fixby Treated Water (22.4.70).

Colour	..	..	..	..	Below 5 Hazen
Alkalinity	..	..	..	..	6 mg/1. CaCo ₃
Total Hardness	..	..	..	..	51 mg/1. CaCo ₃
Chloride	..	..	..	..	20 mg/1. Chlorine
Electrical Conductivity	..	..	..	..	130 ohms
pH	..	..	..	..	9.2
Total Residual Chlorine	..	..	..	..	0.30 mg/1.
Iron	..	..	..	..	Nil
Manganese	..	..	..	..	Nil
Aluminium	..	..	..	..	0.14 mg/1.

Comments: The Fluoride level is below 0.1 mg/1 F

Yorkshire Ouse and Hull River Authority

Sample from Horbury Sewage Works (12.3.70)

Physical characteristics:—

Liquid: very turbid, grey-brown

Odour: musty

Sediment: some, brown

pH.: 7.2

Results of Analysis:—

Solids in suspension (dried at 105°C.)	..	..	64 p.p.m.
Solids in suspension (ash)	..	..	16 p.p.m.
Chlorides in terms of chlorion	..	..	150 p.p.m.
Nitric Nitrogen from Nitrates	..	..	Trace
Permanganate Value 4 hours	..	..	64.6 p.p.m.
Permanganate Value 4 hours Filtrate	..	..	56.4 p.p.m.
B.O.D.	..	..	102
Anionic Detergent as Manoxol O.T.	..	..	4.4
Non-ionic Detergent as Lyssapol N.X.	..	..	6.3
Polyglycols	..	..	0.3

Remarks: This very polluting effluent does not comply with the terms of the Authority's consent.

Refuse Collection and Disposal

With the exception of the period of the strike of local authority manual workers, a weekly collection service has been maintained. The effects of the strike were reduced by the issue of plastic bin liners to each household and when work was resumed the backlog was quickly cleared.

Refuse disposal is, as I have commented previously, a problem. It may be that the time is not far distant when an alternative method of disposal will have to be adopted, and this will certainly happen when the new local government areas are formed.

The tables opposite relate to refuse collection and transport generally, the maintenance of which is the responsibility of my department, and to the collection of salvage. The oldest of the refuse collection vehicles will require renewal in the near future.

VEHICLE MILEAGE AND FUEL CONSUMPTION - 1970

Vehicle	1970		1969		1968	
	Miles	m.p.g.	Miles	m.p.g.	Miles	m.p.g.
S & D Pakamatic: CWR 899B (diesel)	4514	7.4	4683	7.4	4568	8.5
S & D Fore & Aft: UWT 672F (diesel)	4014	8.7	4495	9.3	3217	9.6
Ford Tipper: NWW 496E (diesel)	6014	15.1	7264	14.2	8442	16.2
Landrover: JHL 876E (diesel)	4516	17.4	4169	17.4	5540	19.2
Tower Wagon: WWT 489 G (diesel)	4598	11.1	3737	11.0	1694	14.3

ESTIMATED WEIGHTS OF HOUSE REFUSE COLLECTED

Estimated weight tipped (in tons)	...	...	...	3,829
Ashbins emptied	...	...	...	198,243

SALVAGE INCOME 1970-1971

Month	Waste Paper		Metal and Rags		Total	
	T. C. Q.	£ s. d.	T. C. Q.	£ s. d.	£	s. d.
April	13 1 0	154 3 9	4 0 0	4 3 7	154	3 9
May...	10 17 0	127 10 6			131	14 1
June...	13 2 0	157 12 3			157	12 3
July ...	11 12 0	136 18 9	1 16 0	10 16 0	147	14 9
August	13 12 0	161 0 6			161	0 6
September	13 15 0	171 17 6	5 6 1	5 10 3	177	7 9
October	3 7 0	34 6 9			34	6 9
November	12 14 0	156 6 0			156	6 0
December	10 17 0	126 3 6			126	3 6
January	10 0 0	117 11 6			117	11 6
February	11 8 2	140 12 6	2 2 0	16 16 0	157	8 6
March	14 1 3	164 4 4			164	4 4

Gross Total for 1970-71 £1,685-13-8 Gross Total for 1969-70 £1,460-19-3

Conclusion

The following tables deal with other aspects of the department’s work in which you may find an interest. I am extremely grateful to Dr Ireland and all my colleagues for their advice and assistance during the year under review.

I am, Mr Chairman and Members
Your obedient Servant
G. R. MILLINGTON
Public Health Inspector
and Cleansing Superintendent

Number of Visits in Connection with Various Duties

Water Supply	..	..	..	..	..	..	..	..	8
Infectious Diseases	..	..	..	..	..	..	..	..	4
Factories	..	..	..	..	..	..	..	..	13
Drainage	..	..	..	..	..	..	..	..	27
Housing	..	..	..	..	..	..	..	..	161
Refuse Disposal and Collection			..	..	..	..	..	..	108
Rodent and Insect Control		..	..	..	..	..	..	..	90
Food Shops	..	..	..	..	..	..	..	..	8
Atmospheric Pollution		..	..	..	..	..	..	..	274
Rainwater Gauge	..	..	..	..	..	..	..	..	365
Miscellaneous	..	..	..	..	..	..	..	..	209
Milk Samples	..	..	..	..	..	..	..	..	1
Piggeries	..	..	..	..	..	..	..	..	2
Smoke Control Area	..	..	..	..	..	..	..	..	186
Water Samples (incl. paddling pool & St Peter’s School Bath)							..	..	2
Offices, Shops and Railway Premises Act				..	..	..	..	..	11
Public Conveniences	..	..	..	..	..	..	..	..	18
Tents, Vans and Sheds	..	..	..	..	..	..	..	..	1
Petroleum Act	..	..	..	..	..	..	..	..	19
Hairdressers	..	..	..	..	..	..	..	..	2
Bakehouse	..	..	..	..	..	..	..	..	2
									<hr/>
									1511
									<hr/>

Repair and Replacement

(Work carried out under the supervision of the Public Health Inspector)

Choked drains	6
Defective drains	1
Defective sink wastes	1
Defective walls	1
Defective doors	1
Defective roofs	7
Defective wallplaster	1
Defective windows	9
Smoke nuisances	4
Dampness alleviated	10
Defective ashbins	185
Rat infestations	47
Mouse infestations	45
Rabbit infestations	1
Dirty houses cleansed	1
Verminous houses disinfected	1
Noxious accumulations	4
Defective water closets	2
Flooded cellars	7
Defective water service pipes	1
Insect infestations	19
Defective eaves gutters	2
Breach of food hygiene regulations	5
Defective gully	1

ATMOSPHERIC POLLUTION

Measurement of Smoke and Sulphur Dioxide by Volumetric Measurements

1970 Month	SMOKE Microgrammes Per cubic metre			SO ² Microgrammes Per cubic metre		
	Average Value	Highest Value	Lowest Value	Average Value	Highest Value	Lowest Value
January	156	522	60	241	764	94
February	75	247	16	182	527	73
March	77	168	15	183	360	77
April	41	150	15	115	212	42
May	30	62	8	112	254	38
June	28	71	9	105	213	44
July	19	54	7	59	121	27
August	38	119	9	100	157	52
September	61	181	11	104	319	38
October	74	246	8	131	359	35
November	94	439	14	166	576	82
December	115	526	41	202	894	82

Smoke: Average daily value – 1970, 67; 1969, est. 73; 1968, est. 86

RAINFALL - 1970

				Rain in inches	No. of days on which rain fell
January	..	..	..	3.21	22
February	..	..	..	2.34	15
March ..	..	..	..	1.61	14
April ..	..	..	..	3.26	16
May ..	..	..	..	0.44	5
June ..	..	..	..	0.95	7
July ..	..	..	..	1.96	12
August ..	..	..	..	2.61	10
September	..	..	..	1.18	6
October	..	..	..	1.40	11
November	..	..	..	4.61	23
December	..	..	..	1.33	14
				24.90	155

RAINFALL, 1933 - 1970

Year	Rainfall in inches	Wettest Month	Year	Rainfall in inches	Wettest Month
1933	23.41	February	1952	20.08	October
1934	21.56	December	1953	19.43	August
1935	29.07	October	1954	28.84	August
1936	29.35	June	1955	16.51	December
1937	28.84	February	1956	27.18	August
1938	29.31	July	1957	22.45	August
1939	29.37	July	1958	32.96	July
1940	23.99	November	1959	20.43	April
1941	27.13	January	1960	35.81	October
1942	21.00	August	1961	23.71	January
1943	23.53	January	1962	18.98	August
1944	31.25	November	1963	23.25	June
1945	29.63	May	1964	20.25	March
1946	39.62	November	1965	31.77	September
1947	34.34	May	1966	32.33	February
1948	23.72	January	1967	30.41	May
1949	24.60	July	1968	30.28	September
1950	26.08	February	1969	30.43	November
1951	31.08	February	1970	24.90	November

MISCELLANEOUS

Number of	Meat Retail Vehicles	..	..	..	..	..	..	2
„	„ Food Hawkers Registered	..	..	..	..	..	..	7
„	„ Premises Registered for the Sale of Ice Cream	..	..	..	..	..	..	31
„	„ Premises Registered for the Sale of Preserved Foods	..	..	..	..	..	..	6
„	„ Fish Friers	..	..	..	..	..	..	9
„	„ Bakehouses	..	..	..	..	..	..	5
„	„ Licensed Premises	..	..	..	..	..	..	21
„	„ Pet Animal Shops	..	..	..	..	..	..	1
„	„ Hairdressers	..	..	..	..	..	..	13
„	„ Premises Registered under Offices, Shops and Railway	..	..	..	..	..	..	35
	Premises Act, 1963	..	..	..	..	..	..

FACTORIES

There are 43 mechanical and 21 non-mechanical factories on the register, building sites being added as applicable. The factories comprise –

Mechanical

Joiners	..	..	..	..	..	..	..	5
Motor Vehicle Repairs	..	..	..	..	..	..	..	5
Bakehouse and Preserved Goods	..	..	..	..	..	..	..	5
Sheet Metal & Metal Fabrication	..	..	..	..	..	..	..	3
Saddler, Leather Goods, Sports Goods	..	..	..	..	..	..	..	5
Rag Sorting and Grinding	..	..	..	..	..	..	..	1
Letterpress Printing	..	..	..	..	..	..	..	1
Mining Machinery	..	..	..	..	..	..	..	1
Wool Cutting and Packing	..	..	..	..	..	..	..	1
Cabinet Repairs and Upholstering	..	..	..	..	..	..	..	1
Worsted Spinning	..	..	..	..	..	..	..	2
Wagon Repairs	..	..	..	..	..	..	..	2
Tufted Fabrics	..	..	..	..	..	..	..	1
Watch Repairs	..	..	..	..	..	..	..	1
Glass Fibre Products	..	..	..	..	..	..	..	1
Glass Blowing	..	..	..	..	..	..	..	1
Dental Laboratories	..	..	..	..	..	..	..	1
Polystyrene Tiles	..	..	..	..	..	..	..	1
Laundry	..	..	..	..	..	..	..	1
Childrens Playing Equipment	..	..	..	..	..	..	..	1
Vending Machine Repairs	..	..	..	..	..	..	..	1
Vegetable Preparation and Packing	..	..	..	..	..	..	..	1
Furniture Manufacture	..	..	..	..	..	..	..	1

Non-Mechanical

Cycle Repairs	..	..	..	..	..	..	..	1
Stonedresser	..	..	..	..	..	..	..	1
Plumbers	..	..	..	..	..	..	..	7
Dressmakers	..	..	..	..	..	..	..	3
Tailors	..	..	..	..	..	..	..	3
Painters and Decorators	..	..	..	..	..	..	..	6

LICENCES TO KEEP PETROLEUM SPIRIT

No. of Premises Licensed	11
Gallonage	8450

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1970 FOR THE URBAN DISTRICT OF HORBURY IN THE COUNTY OF YORK

Prescribed Particulars on the Administration of the Factories Act, 1961

PART I OF THE ACT

1. Inspections for the purposes of provisions as to health (including inspection made by Public Health Inspectors) –

(1) Premises	(2) Number on Register	(3) Inspec- tions	(4) Number of Written Notices	(5) Number of Occupiers Prosecuted
(a) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	5	—	—
(b) Factories not included in (a) in which Section 7 is enforced by Local Authorities ..	43	8	—	—
(c) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises	—			
Totals	64	13	—	—

2. Cases in which defects were found – (if defects are discovered at premises on two, three or more occasions, they should be reckoned as two, three or more ‘cases’) – 1.

PART VIII OF THE ACT

Outwork (Section 110 and 111) None Listed

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Prescribed particulars to be included in the Annual Report to the Secretary of State for Employment by Local Authorities and the London County Council under Section 60.

Taple A — Registration and General Inspections, 1970

Class of Premises (1)	Number of Premises Registered during year (2)	Total Number of Registered Premises at end of year (3)	Number of Registered Premises receiving a general inspection during year (4)
Offices	—	7	2
Retail Shops	1	25	4
Wholesale Shops, Warehouses ..	—	2	—
Catering Establishments, Canteens	—	—	—
Fuel Storage Depots	—	1	—

Period Covered: 1970

Table B — Number of Visits of all kinds by Inspectors to Registered Premises — 11

Table C — Analysis of Persons Employed in Registered Premises by Workplace, 1970

Class of Workplace	No. of persons employed
Offices	31
Retail Shops	116
Wholesale Departments, Warehouses	23
Catering Establishments, open to the public ..	—
Canteens	—
Fuel Storage Depots	5
Total	175

Total Males 82

Total Females 93

Tables D and E - Nil

Table F: Number of Inspectors appointed under the Act - 1

Number of Accidents reported - Nil

